



CAPITOL ZONING DISTRICT COMMISSION

APPLICATION FORM

PROPERTY _____
ADDRESS _____

PROPERTY _____
OWNER _____

PERSON FILING _____
APPLICATION _____
if other than owner

APPLICANT PHONE _____
AND EMAIL _____

APPLICANT SIGNATURE _____
AND DATE _____
Signature certifies that applicant is authorized to represent this property, and that all information presented in this application, as well as in any supporting materials, is true and correct to the best of the signatory's knowledge.

DESCRIPTION OF _____
PROPOSED WORK _____
AND / OR USE _____

Attach as many pages or supporting materials as necessary. The Commission and its staff cannot make a determination on your application without a complete description of the property's proposed appearance, materials, and/or function. An application is not complete until all applicable supporting materials have been submitted to staff. Electronic submittals (email, scanned documents, PDFs, digital images, etc) are welcome.